ALLOCATING RESOURCES TO MAXIMIZE IMPACT AND SUSTAIN THE HIV RESPONSE

OVERVIEW

In an environment of limited resources but with an epidemic that still isn't under control, it is absolutely critical to ensure that our investments have the maximum impact to save lives and prevent infections. In order to do that, we have to know the cost to deliver HIV programs and continually identify ways to improve efficiency so that our dollars can go further. The cost to the U.S. Government of supporting lifesaving anti-retroviral therapy (ART) to people infected with HIV has steadily declined over the years, from $1,100 a person a year to less than $400.[1] Even with this decline in costs, we will have to continue to innovate efficient service delivery models in order to meet the goal to double the number of people on treatment (from 15 million in 2015 to 30 million in 2020).[2] The U.S. Centers for Disease Control and Prevention (CDC) has found a number of easy ways to improve efficiency – such as switching from brand name to generic drugs; however, the challenge now is to examine program or operating costs to get more "bang for the buck" and estimate necessary resources and associated costs to efficiently implement the program and deliver HIV services.

CDC'S ROLE

CDC has created a team of economists that has been innovating and driving the way the public health community uses economic data to improve the efficiency and impact of HIV programs. By integrating the economic, epidemiologic, and program data, CDC is able to develop recommendations for program improvement that are practical and proven to succeed. Because of the insight into the challenges that policymakers have controlling the epidemic and the realities on the ground, CDC's economics work has an immediate influence on policy development.

- CDC has led the development and execution of results-linked expenditure analysis for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The ability to access data of this detail and magnitude was unheard of five years ago. However, CDC's Expenditure Analysis and Resource Tracking Unit manages and analyzes program and expenditure data. With this data, program managers can rapidly identify what a U.S. Government partner is spending, where it is being spent, on what intervention, and how many people benefitted from that support.

- CDC economists advise Ministries of Health on issues of finance and economics to improve the efficiency and sustainability of their HIV programs. Our collaboration with and technical support to the Ministries of Health – such as in Botswana, Jamaica, Kenya, Mozambique, Rwanda, Swaziland, Tanzania and Thailand – has helped inform national HIV policies and service delivery to maximize resource allocation to the places with the highest needs and to achieve the greatest impact.

ACCOMPLISHMENTS / RESULTS

CDC has supported economic studies in over 20 countries that provide valuable information to inform the efficiency and impact of the U.S. Government's – as well as other donors'– investments in HIV.[3] In 2006, CDC was the first to launch a multi-country study on the cost of ART. Since then, multiple researchers have gone on to examine the cost of HIV treatment, often adopting CDC's methodology. This data, along with the routine collection and analysis of results-linked PEPFAR expenditure data, has been crucial in enabling CDC to find efficiencies in the program and reach more people.

PEPFAR country teams used the results from routine results-linked expenditure monitoring through the PEPFAR Expenditure Analysis Initiative to identify potential efficiencies in PEPFAR programming. For instance, by examining the most recent PEPFAR Country Operational Plans,

[1] PEPFAR Annual Treatment Cost Report 2014
[2] UNAIDS
[3] Kenya, Tanzania, Mozambique, Rwanda, Botswana, South Africa, Swaziland, Guatemala, Haiti, Vietnam, Cameroon, Cote d'Ivoire, Nigeria, Brazil, Thailand, China, Namibia, Uganda, Ethiopia, Zimbabwe, Cambodia

country teams were able to identify $184 million in efficiencies that were then applied to increase the scale (targets) and scope (intensity of programs to ensure quality service delivery) of the Care and Treatment programs in PEPFAR supported countries.

FUTURE EFFORTS

CDC is conducting novel economic research on HIV cascade of care, the test and treat strategy, and differentiated service delivery models, as well as modeling exercises to assess epidemiological impact of HIV response and PEPFAR investment and to identify options to efficiently allocate resources and sustain HIV response. Core economic activities of CDC have focused on identifying and quantifying necessary resources to deliver HIV services. CDC will develop a normative cost model building on the economic evidence and data generated through economic research to determine necessary resources and costs required to provide quality services, taking into consideration the local context and variations in service delivery models. CDC is also leading efforts in the global community to collect routinely-collected, results-linked expenditure data from all funding sources, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria. With the data from the major funding sources, including partner governments, we hope there will be a collective effort to achieve efficiencies of a similar scale to those found within PEPFAR.

BENEFITS OF OUR WORK

Understanding the economics of the HIV epidemic has helped CDC and PEPFAR to make better investment choices that we hope will accelerate our ability to control the epidemic. The work done by CDC economists has already helped to direct resources to interventions that will have the largest return on investment within the PEPFAR program. CDC economic work is also informing and guiding HIV policies and the investments of partners and governments, which reduces their dependency on donor funding.